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**Certification - Application Form**

Title: Dr/Prof/Mr/Ms/Mdm

Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Mobile)

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest Degree Obtained & Field of Study (MA, MSW, PhD, MD, DPsych, etc):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Institution & country where received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date/Year received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please answer the following questions and submit the relevant documents.**

1. **Approved Basic Training recognised by EMDR Singapore**

Have you submitted your Certificate of Completion of an approved EMDR Basic Training programme?

🗆 Yes 🗆 No

**(2) Professional Practice**

Do you have at least 500 hours of professional client contact hours in psychology, social work, counselling, psychotherapy, or psychiatry? Please attach supporting document consisting of:

[Generic Clinical Log](http://uat.emdr.sg/wp-content/uploads/2020/02/Generic-Clinical-Log-EMDRS-Certification.18-Feb-2020.xlsx) signed by Supervisor at place of employment or Clinical Supervisor

*OR*

Certificate of Clinical Member or Registered Counsellor by Singapore Association of Counselling

*OR*

Certificate of Registered Social Worker with Singapore Association of Social Work

*OR*

Certificate of Registered Psychologist by Singapore Psychological Society

🗆 Yes 🗆 No

**(3) EMDR Practice**

Have you conducted at least 50 EMDR sessions with no less than 25 clients (within the last 3 years of submitting this application)? Please attach [Client Session Log](http://uat.emdr.sg/wp-content/uploads/2020/02/Client-Session-Log-EMDRS-Certification.18-Feb-2020.xlsx).

🗆 Yes 🗆 No

**(4) EMDR Consultation post EMDR Basic Training**

Have you received at least 15 hours of supervision/case consultation with an EMDR Singapore Approved Consultant after the completion of your EMDR Basic Training? NOTE: At least 5 of these hours must be obtained through individual consultation. The remaining 10 hours may be obtained through small group consultation (max 4 pax/group for a minimum of a 2-hour session – i.e. at least 30 minutes of case consultation per person). Please attach [Consultation Log](http://uat.emdr.sg/wp-content/uploads/2020/02/Consultation-Log-EMDRS-Certification.18-Feb-2020.pdf) signed by Approved Consultant.

🗆 Yes 🗆 No

**(5) EMDR Singapore Membership**

Are you a current Full Member with EMDR Singapore?

🗆 Yes 🗆 No

**(6) Payment of Certification Application Fee of SGD50 (Non-refundable)**

🗆 I have made online payment via PayNow (UEN: T10SS0113F)

*OR*

🗆 I have made payment via direct bank transfer (OCBC: 629-353830-001)

Please attach proof of payment/screenshot.

**(7) Declaration Statement**

I confirm and acknowledge that the information I have submitted is true. I understand that I may be subjected to random checks to verify the information submitted.

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Signature of Applicant

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Name of Applicant

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Profession License Number (if any)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Please submit this application form and supporting documents to registrar@emdr.sg